

Saipan Ice & Water Co., Inc.

P.O BOX 501808, SAIPAN MP 96950

Tel. No. 322-6130, 322-5991

We Care About Your Health

No.

MAINTENANCE WORK ORDER

CUSTOMER NAME	DYS	DATE	12/30/04
ADDRESS	KAGMKN	CONTRACT REF.	
CONTACT PERSON		TEL. NO.	

Equipment Description: 3000 GPD

Visit Frequency	____:Week/Month	Last Microbiology Test Result / Remarks:
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SERVICE REPORT

check on RO system

FINDINGS/COMMENTS:

feed motor pump not function

INSPECTION & MAINTENANCE CHECKLIST

(Describe briefly result of inspection and recommendation)

Anti-scalant Level	3/4	UV Light Unit (s)	
Chlorine Level	1.0 mg/L	Ozonator	OK
Pre-filter	OK	Hardness Reading	15 Gpg
Post-filter	OK	Feed Water TDS	1603 ppm
Feed Pump Pressure	20 / 200 PSI	Product Water TDS	47 ppm
Permeate Flow Rate (GPM)	2.0 GPM	Chlorine Reading	
Reject Flow Rate (GPM)		Others	

Recommendation (indicate particular work done or parts of system inspected):

check & adjust the pressure for feed motor pump, check hardness, TDS & Chlorine of feed H₂O & RO product, Check floor level

Time Start	Time Finished	Work Performed by & Signature	Customer Rep. Name, Signature, Date
		Rod de la Riva	pdangayo

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No.

MAINTENANCE WORK ORDER

CUSTOMER NAME	DGS	DATE	122609
ADDRESS	KAGMAN	CONTRACT REF.	
CONTACT PERSON		TEL. NO.	

Equipment Description: 3000 GPD

Visit Frequency

____:Week/Month

Last Microbiology Test Result / Remarks:

SERVICE REPORT

RO system not operating; no water at ROT side

FINDINGS/COMMENTS:

pressure switch & feed motor not functioning.

INSPECTION & MAINTENANCE CHECKLIST

(Describe briefly result of inspection and recommendation)

Anti-scalant Level	3/4	UV Light Unit (s)	
Chlorine Level	1.0 mg/l	Ozonator	ok
Pre-filter	OK	Hardness Reading	12 GPG
Post-filter	OK	Feed Water TDS	1060 ppm
Feed Pump Pressure	40 / 200 psi	Product Water TDS	56 ppm
Permeate Flow Rate (GPM)	2.0 GPM	Chlorine Reading	
Reject Flow Rate (GPM)		Others	

Recommendation (indicate particular work done or parts of system inspected):

need check and adjust the pressure of feed motor, check hardness, TDS & chlorine of feed H₂O & RO product, level

Time Start	Time Finished	Work Performed by & Signature	Customer Rep. Name, Signature, Date
		Rod de los Reyes	MARGARET ANTONETTE TELGITA - JCW I RTT

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No.

MAINTENANCE WORK ORDER

CUSTOMER NAME	DCS	DATE	122209
ADDRESS	KAGMAN	CONTRACT REF.	
CONTACT PERSON		TEL. NO.	

Equipment Description: 3000 GPD

Visit Frequency _____:Week/Month

Last Microbiology Test Result / Remarks:

SERVICE REPORT*check on RO system***FINDINGS/COMMENTS:***feed need adjustment at pressure switch***INSPECTION & MAINTENANCE CHECKLIST**

(Describe briefly result of inspection and recommendation)

Anti-scalant Level	3/4	UV Light Unit (s)	
Chlorine Level	1.0 mg/l	Ozonator	OK
Pre-filter	OK	Hardness Reading	12 GPG
Post-filter	OK	Feed Water TDS	848 PPM
Feed Pump Pressure	30 / 200 PSI	Product Water TDS	60 PPM
Permeate Flow Rate (GPM)	1.8 GPM	Chlorine Reading	
Reject Flow Rate (GPM)		Others	

Recommendation (indicate particular work done or parts of system inspected):

adjust the setting of pressure switch for feed motor, check hardness, TDS & chlorine & feed flow in RO product, check flow level

Time Start	Time Finished	Work Performed by & Signature	Customer Rep. Name, Signature, Date
		Rod de la Raza	<i>[Signature]</i>

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No.

MAINTENANCE WORK ORDER

CUSTOMER NAME	D95	DATE	12-11-06
ADDRESS	KAGMAN	CONTRACT REF.	
CONTACT PERSON		TEL. NO.	

Equipment Description:

(3000 GPD)

Visit Frequency

____:Week/Month

Last Microbiology Test Result / Remarks:

SERVICE REPORT

Clean the membrane of RO unit

FINDINGS/COMMENTS:

flow production rate & High TDS

INSPECTION & MAINTENANCE CHECKLIST

(Describe briefly result of inspection and recommendation)

Anti-scalant Level	full	UV Light Unit (s)	
Chlorine Level	1.0 mg/L	Ozonator	ok
Pre-filter	Ok	Hardness Reading	16 gpg
Post-filter	newly replace	Feed Water TDS	110 ppm
Feed Pump Pressure	20/190 psi	Product Water TDS	80 ppm
Permeate Flow Rate (GPM)	23 GPM	Chlorine Reading	
Reject Flow Rate (GPM)		Others	

Recommendation (indicate particular work done or parts of system inspected):

Clean the Membrane, Check Hardness, PS, Chlorine & feed H₂O & RO product, check operation pressure

Time Start	Time Finished	Work Performed by & Signature	Customer Rep. Name, Signature, Date
		Rolden R. —	Murphy 12/11/06

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No.

MAINTENANCE WORK ORDER

CUSTOMER NAME	DYS	DATE	12-J-07
ADDRESS	KAGMAN	CONTRACT REF.	
CONTACT PERSON		TEL. NO.	

Equipment Description: 3000 GPD

Visit Frequency

____:Week/Month

Last Microbiology Test Result / Remarks:

SERVICE REPORT

Check on RO System

FINDINGS/COMMENTS:

INSPECTION & MAINTENANCE CHECKLIST

(Describe briefly result of inspection and recommendation)

Anti-scalant Level	full	UV Light Unit (s)	
Chlorine Level	4.8 mg/L	Ozonator	OK
Pre-filter	OK	Hardness Reading	13 GPG
Post-filter	OK	Feed Water TDS	1072 ppm
Feed Pump Pressure	20 / 200 psi	Product Water TDS	87 ppm
Permeate Flow Rate (GPM)	1.5 GPM	Chlorine Reading	
Reject Flow Rate (GPM)		Others	

Recommendation (indicate particular work done or parts of system inspected):

Check the fluoron levels, check hardware, RO's
Chlorine & feed H₂O's RO products

Time Start	Time Finished	Work Performed by & Signature	Customer Rep. Name, Signature, Date
		Kelchur B-	B. Gasuel

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MAINTENANCE WORK ORDER

CUSTOMER NAME	<i>DUS</i>	DATE	<i>11-27-06</i>
ADDRESS	<i>KABMAN</i>	CONTRACT REF.	
CONTACT PERSON		TEL. NO.	

Equipment Description: *2000 GPD*

Visit Frequency: _____:Week/Month Last Microbiology Test Result / Remarks:

SERVICE REPORT

check on RO system

FINDINGS/COMMENTS:

*need to refill flocon on injector tank***INSPECTION & MAINTENANCE CHECKLIST**

(Describe briefly result of inspection and recommendation)

Anti-scalant Level	<i>full</i>	UV Light Unit (s)	
Chlorine Level	<i>1.0 mg/l</i>	Ozonator	<i>ok</i>
Pre-filter	<i>ok</i>	Hardness Reading	<i>11 Gpg</i>
Post-filter	<i>ok</i>	Feed Water TDS	<i>950 ppb</i>
Feed Pump Pressure	<i>20/200 psi</i>	Product Water TDS	<i>63 ppb</i>
Permeate Flow Rate (GPM)	<i>1.5 Gpm</i>	Chlorine Reading	
Reject Flow Rate (GPM)		Others	

Recommendation (indicate particular work done or parts of system inspected):

check & refill flocon on injector tank, check hardness, chlorine & TDS of feed & H₂O of RO product

Time Start	Time Finished	Work Performed by & Signature	Customer Rep. Name, Signature, Date
		<i>Rod de los Reyes</i>	<i>BT Gabriel</i>

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No.

MAINTENANCE WORK ORDER

CUSTOMER NAME	DCS	DATE	11-22-04
ADDRESS	KAGMAN	CONTRACT REF.	
CONTACT PERSON		TEL. NO.	

Equipment Description: 3000 GPD

Visit Frequency	____:Week/Month	Last Microbiology Test Result / Remarks:
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SERVICE REPORT

Check on RO system

FINDINGS/COMMENTS:

Schedule for Membrane Cleaning

INSPECTION & MAINTENANCE CHECKLIST

(Describe briefly result of inspection and recommendation)

Anti-scalant Level	full	UV Light Unit (s)	
Chlorine Level	1.0 mg/l	Ozonator	ok
Pre-filter	ok	Hardness Reading	14 GPG
Post-filter	ok	Feed Water TDS	1224 ppm
Feed Pump Pressure	30 / 200 psi	Product Water TDS	27 ppm
Permeate Flow Rate (GPM)	1.5 GPM	Chlorine Reading	
Reject Flow Rate (GPM)		Others	

Recommendation (indicate particular work done or parts of system inspected):

Check & refill flocon for injector tank, check TDS Chlorine & Hardness & feed HW; RO product

Time Start	Time Finished	Work Performed by & Signature	Customer Rep. Name, Signature, Date
		Rod de la Cruz	BDaniel

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MAINTENANCE WORK ORDER

CUSTOMER NAME	DYS	DATE	11-15-07
ADDRESS	KAGMAN	CONTRACT REF.	
CONTACT PERSON		TEL. NO.	
Equipment Description: 3000 GPD			
Visit Frequency	____:Week/Month	Last Microbiology Test Result / Remarks:	
SERVICE REPORT Check on RO System			
FINDINGS/COMMENTS:			
INSPECTION & MAINTENANCE CHECKLIST (Describe briefly result of inspection and recommendation)			
Anti-scalant Level	full	UV Light Unit (s)	
Chlorine Level	1.0 mg/l	Ozonator	OK
Pre-filter	OK	Hardness Reading	7 Gpg
Post-filter	need 2 replace	Feed Water TDS	168 ppm
Feed Pump Pressure	30 / 200 psi	Product Water TDS	0 ppm
Permeate Flow Rate (GPM)	1.5 Gpm	Chlorine Reading	
Reject Flow Rate (GPM)		Others	
Recommendation (indicate particular work done or parts of system inspected): Check hardness, TDS, & Chlorine of feed H ₂ O & RO product. Check operation pressure.			
Time Start	Time Finished	Work Performed by & Signature	Customer Rep. Name, Signature, Date
		Reddelorkey	1/15/07

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No.

MAINTENANCE WORK ORDER

CUSTOMER NAME	DUS	DATE	10/31/04
ADDRESS	KAGMAN	CONTRACT REF.	
CONTACT PERSON		TEL. NO.	
Equipment Description: 3000 GPD			
Visit Frequency	____:Week/Month	Last Microbiology Test Result / Remarks:	
SERVICE REPORT Check on RO System			
FINDINGS/COMMENTS: need to monitor the injector motor pump			
INSPECTION & MAINTENANCE CHECKLIST (Describe briefly result of inspection and recommendation)			
Anti-scalant Level	full	UV Light Unit (s)	
Chlorine Level	1.5 mg/l	Ozonator	ok
Pre-filter	ok	Hardness Reading	14 GPG
Post-filter	ok	Feed Water TDS	877 ppm
Feed Pump Pressure	20 / 200 psi	Product Water TDS	30 ppm
Permeate Flow Rate (GPM)	1.5 GPM	Chlorine Reading	
Reject Flow Rate (GPM)		Others	
Recommendation (indicate particular work done or parts of system inspected): Check injector pump, check hardness, TDS, chlorine & feed flow, RO product, check operation of RO system			
Time Start	Time Finished	Work Performed by & Signature	Customer Rep. Name, Signature, Date
		Rod de los Reyes	J. Tanaka

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MAINTENANCE WORK ORDER

CUSTOMER NAME	DYS	DATE	10/6/06
ADDRESS	KALGMAN	CONTRACT REF.	
CONTACT PERSON		TEL. NO.	
Equipment Description: 3000 GPD			
Visit Frequency	____:Week/Month	Last Microbiology Test Result / Remarks:	
SERVICE REPORT Check on RO System			
FINDINGS/COMMENTS: need to maintain the injectors pump motor			
INSPECTION & MAINTENANCE CHECKLIST (Describe briefly result of inspection and recommendation)			
Anti-scalant Level	full	UV Light Unit (s)	
Chlorine Level	1.0 mg/l	Ozonator	OK
Pre-filter	OK	Hardness Reading	14 Gpg
Post-filter	OK	Feed Water TDS	1103 ppm
Feed Pump Pressure	30/200 PSI	Product Water TDS	35 ppm
Permeate Flow Rate (GPM)	1.7 GPM	Chlorine Reading	
Reject Flow Rate (GPM)		Others	
Recommendation (indicate particular work done or parts of system inspected): Check hardness, TDS, Chlorine, feed H ₂ O & RO product Check operation pressure & chlorine level of injectors tank			
Time Start	Time Finished	Work Performed by & Signature	Customer Rep. Name, Signature, Date
		Bob de los Reyes	

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No.

MAINTENANCE WORK ORDER

CUSTOMER NAME	DUS	DATE	10/30/09
ADDRESS	KASMAN	CONTRACT REF.	
CONTACT PERSON		TEL. NO.	
Equipment Description: 3000 GPD			
Visit Frequency	____:Week/Month	Last Microbiology Test Result / Remarks:	
SERVICE REPORT check on RO system			

FINDINGS/COMMENTS:

INSPECTION & MAINTENANCE CHECKLIST

(Describe briefly result of inspection and recommendation)

Anti-scalant Level	full	UV Light Unit (s)	
Chlorine Level	1.5 mg/l	Ozonator	OK
Pre-filter	OK	Hardness Reading	12 Gpg
Post-filter	OK	Feed Water TDS	135 ppm
Feed Pump Pressure	30/200 psi	Product Water TDS	39 ppm
Permeate Flow Rate (GPM)	1.5 Gpm	Chlorine Reading	
Reject Flow Rate (GPM)		Others	

Recommendation (indicate particular work done or parts of system inspected):

check hardness, TDS & chlorine feed for RO product
check operation pressures check proper level

Time Start	Time Finished	Work Performed by & Signature	Customer Rep. Name, Signature, Date
		Rodolfo Ruy	10-13-06

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No.

MAINTENANCE WORK ORDER

CUSTOMER NAME	DUS	DATE	10904
ADDRESS	KALAMAN	CONTRACT REF.	
CONTACT PERSON		TEL. NO.	
Equipment Description: 3000 GPD			
Visit Frequency	____:Week/Month	Last Microbiology Test Result / Remarks:	
SERVICE REPORT			
Check on RO System			
FINDINGS/COMMENTS:			
INJECTOR PUMP FOR FUON need to fix.			
INSPECTION & MAINTENANCE CHECKLIST			
(Describe briefly result of inspection and recommendation)			
Anti-scalant Level	Full	UV Light Unit (s)	
Chlorine Level	1.0 mg/l.	Ozonator	OK
Pre-filter	OK	Hardness Reading	13 GPG
Post-filter	OK	Feed Water TDS	1091 ppm
Feed Pump Pressure	20 / 200 PSI	Product Water TDS	8 ppm
Permeate Flow Rate (GPM)	1.5 GPM	Chlorine Reading	0
Reject Flow Rate (GPM)		Others	
Recommendation (indicate particular work done or parts of system inspected):			
Check & fix the injector pump of fluor tank, check hardness TDS & chlorine & feed & RO product, check operation			
Time Start	Time Finished	Work Performed by & Signature	Customer Rep. Name, Signature, Date
		Rodolfo Reyes	10.9.04

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No.

MAINTENANCE WORK ORDER

CUSTOMER NAME	DYS	DATE	100204
ADDRESS	KAGMAN	CONTRACT REF.	
CONTACT PERSON		TEL. NO.	

Equipment Description:

3000 GPM

Visit Frequency

____:Week/Month

Last Microbiology Test Result / Remarks:

SERVICE REPORT

Check on RO System

FINDINGS/COMMENTS: machine not operation. Pre-filter must be replace 10 micron sediment filter (2x10), low pressure need to check the solenoid valve. need to refill frozen for injector tank.

INSPECTION & MAINTENANCE CHECKLIST

(Describe briefly result of inspection and recommendation)

Anti-scalant Level	full	UV Light Unit (s)	
Chlorine Level	1.0 mg/L	Ozonator	OK
Pre-filter	OK (newly)	Hardness Reading	14 GPG
Post-filter	OK (replace)	Feed Water TDS	1205 ppm
Feed Pump Pressure	20/200 PSI	Product Water TDS	109 ppm
Permeate Flow Rate (GPM)	1.5 GPM	Chlorine Reading	
Reject Flow Rate (GPM)		Others	

Recommendation (indicate particular work done or parts of system inspected): replace the pre-filter 10 micron, check the solenoid valve for RO unit; refill frozen for injector tank; check hardness, TDS & Chlorine of feed & RO product; clean RO Area

Time Start	Time Finished	Work Performed by & Signature	Customer Rep. Name, Signature, Date
		Rod de la Raza	BDZ adml

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We Care About Your Health

No.

MAINTENANCE WORK ORDER

CUSTOMER NAME	D45	DATE	9/25/04
ADDRESS	KAGMAN	CONTRACT REF.	
CONTACT PERSON		TEL. NO.	

Equipment Description: 3000 GPD

Visit Frequency	____:Week/Month	Last Microbiology Test Result / Remarks:
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SERVICE REPORT

Check RO System

FINDINGS/COMMENTS:

check procon injector need to re-fill

INSPECTION & MAINTENANCE CHECKLIST

(Describe briefly result of inspection and recommendation)

Anti-scalant Level	full	UV Light Unit (s)	
Chlorine Level	1.0 mg/l	Ozonator	OK
Pre-filter	OK	Hardness Reading	13 GPG
Post-filter	OK	Feed Water TDS	1083 ppm
Feed Pump Pressure	20/200 psi	Product Water TDS	95 ppm
Permeate Flow Rate (GPM)	2.8 GPM	Chlorine Reading	
Reject Flow Rate (GPM)		Others	

Recommendation (indicate particular work done or parts of system inspected):

Check & refill procon injector tank. Check hardness test chlorine & reject RO permeate. Check procon.

Time Start	Time Finished	Work Performed by & Signature	Customer Rep. Name, Signature, Date
		Rodolfo R. Reyes	B. Gasul